

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

FILE NO. **HZ351970**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

| OFFICER INFORMATION   |                                   | INCIDENT INFORMATION  |                                   |
|---|-----------------------------------|---|-----------------------------------|
| NAME (LAST - FIRST - M.I.)<br><b>SCOTT, LESTER T</b>  |                                   | <input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR   |                                   |
| STAR NO.<br><b>19508</b>  | POSITION<br><b>POLICE OFFICER</b> | ADDRESS OF OCCURRENCE<br><b>4667 W WASHINGTON BLVD</b>  |                                   |
| DATE OF APPOINTMENT<br><b>18-DEC-2000</b>   | EMPLOYEE NO.<br>[REDACTED]        | CITY <input checked="" type="checkbox"/> <b>CHICAGO</b>   | STATE (if outside Chicago)        |
| UNIT OF ASSIGNMENT<br><b>393</b>  | BEAT/CALL NO.<br><b>6572B</b>     | LOCATION CODE<br><b>144-CAR WASH</b>  | BEAT OF OCCURRENCE<br><b>1113</b> |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F   | RACE<br><b>BLACK</b>              | DATE OF OCCURRENCE<br><b>16-JUL-2016</b>  | TIME<br><b>20:58:00</b>           |
| HEIGHT<br><b>600</b>  | WEIGHT<br><b>260</b>              | DAY OF WEEK<br><b>SATURDAY</b>  |                                   |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED  |                                   | NO. OF OFFICERS BATTERED <b>1</b>   |                                   |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><input checked="" type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____<br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER  |                                   | WORKING:<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br>How many? _____<br>PATROL TYPE:<br><input checked="" type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____   |                                   |
| TYPE OF ACTIVITY  |                                   | MANNER OF ATTACK  |                                   |
| <input type="checkbox"/> A. AMBUSH - NO WARNING<br><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input checked="" type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____<br><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____<br><input type="checkbox"/> K. OTHER |                                   | <input type="checkbox"/> 01. SHOT<br><input type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)  |                                   |
|   |                                   | TYPE OF WEAPON/THREAT   |                                   |
|   |                                   | (Check all that apply):<br><input checked="" type="checkbox"/> A. FIREARM CALIBER <b>9 MM</b><br><input type="checkbox"/> 1. REVOLVER<br><input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> B. VEHICLE<br><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> 1. BLUNT INSTRUMENT<br>FIREARM USE INFORMATION (Check all that apply):<br><input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON |                                   |
|   |                                   | OFFENDER INFORMATION  |                                   |
|   |                                   | SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F   | RACE<br><b>BLACK</b>              |
|   |                                   | DOB<br><b>19-DEC-1986</b>   |                                   |
|   |                                   | CB NO.<br><b>19343402</b>   | IR NO.                            |
| TYPE OF INJURY TO OFFICER   |                                   | WAS THE OFFENDER'S ACTIVITY:<br>DRUG RELATED?   |                                   |
| <input type="checkbox"/> A. FATAL<br><input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input type="checkbox"/> D. NONE APPARENT/NONE  |                                   | <input type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO<br><input checked="" type="checkbox"/> 3. UNKNOWN   |                                   |
| LIGHTING CONDITIONS AT INCIDENT   |                                   | WEATHER CONDITIONS  |                                   |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR<br><input checked="" type="checkbox"/> 2. GOOD  |                                   | <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSSWIND   |                                   |

IMMEDIATE RESPONSE REQUIRED.

LOG# 1081463  
Attachment 20

REPORTING MEMBER - SIGNATURE  
SCOTT, LESTER T

STAR NO.  
19538

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
ALEXANDER, DANA 531